

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/576212

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14	1		1			
15		1		1		
16		1		1		
17		1		1		
18	1		1			
19		1		1		
20	1		1			
21	1		1			
22	1		1			
23		1		1		
24	1		1			
25		1		1		
26	1		1			
27		1		1		
28		1		1		
29		1		1		
30	1		1			
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38	1		1			
39		1		1		
40	1		1			
41	1		1			
42	1		1			
43		1		1		
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		↓	26	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			73			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59	1		1			
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67	1		1			
68	1		1			
69		1		1		
70	1		1			
71	1		1			
72	1		1			
73	1		1			
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						